The Uniting Presbyterian Church in Southern Africa is a trans-national church with over 400 congregations spread in nineteen Presbyteries throughout South Africa, Zimbabwe and Zambia.

The following are the Mission Priorities:

- Stewardship
- Evangelism
- HIV and AIDS
Our vision is of the Uniting Presbyterian Church in Southern Africa is of a church which is one:

- In obedience to its sovereign Lord
- In celebrating its living heritage as a reformed church in Southern Africa.
- In celebrating its cultural diversity
- In addressing injustices and poverty in church and society
- In providing a model of racial reconciliation

Mission:

- Bear witness to the saving Gospel of Jesus Christ to all who do not yet believe in him
- Build up the believers in faith, hope and love through the ministry of the Holy Spirit
- Be faithful through our teaching and practice in proclaiming the sovereign rule of God in all social, economic, political and ecological relations
“Our vision is of a church that reaches out in service to God with compassion for all those affected and infected by HIV and AIDS. We will address this through: building leadership that supports moral values which foster healing and hope; strengthening the unity of our communities and valuing their diversity; providing care and support that is driven by acceptance and free of stigma, as we answer God’s call in response to HIV and AIDS”
OBJECTIVES

- To mobilize support for orphans and widows
- To promote abstinence and faithfulness
- To provide information on VCT, PMTCT, ART
- To promote behavior change and address gender issues
- To build up the Capacity of Presbyteries and Congregations
- To reflect on existing strategies and assess their effectiveness
- To explore ways of developing partnerships and networks
- To develop mechanisms for monitoring and evaluation of projects
MAJOR CHALLENGES

- Gender inequality and abuse of women and children
- Cultural and social barriers (attitudes and perceptions)
- Denial and non-involvement of men
**INTERVENTION STRATEGIES**

S - Safe practices (abstinence, faithfulness and safe blood transfusion)  
A – Access to drugs and medication  
V – Voluntary Counseling and Testing  
E – Easy access to treatment and drugs

Adopted by Christian Aid and ANERELA

**EMPHASIS IS ON:**

- Abstinence for those not married  
- Faithfulness for those in marriage  
- Treatment, Care and Support  
- Love and acceptance as opposed  
- Fighting stigma and isolation
HIV AND AIDS ACTIVITIES

- Promoting the dignity of People Living with HIV/AIDS
- Provision of care and support to PLWA
- Caring for orphans, widows and households burdened by HIV
- Encouraging discussions on issues related to human sexuality
- Promoting abstinence, faithfulness and prevention of HIV
- Eliminating the stigma attached to HIV and AIDS
- Provision of Home Based Care and treatment
- Training workshops and awareness campaigns
- Promoting the involvement of People Living with HIV/AIDS
- Promoting VCT, ART and PMTCT
- Encouraging the use of churches as safety nets
- Provision of scientific data biblical resources
HIV/AIDS PROJECTS

- Lovemore Home - Zimbabwe
- Benoni and St. Mark’s joint project
- Nutrition gardens - Macfarlan Amatola
- Sinikimpilo Impendle project - Thekwini
- Sinikuthandolukathixo - Thukela
- Mahwelereng project - Limpopo
- Mufudziwakanaka - High-fields Zimbabwe
- Faith and Hope - Umthatha
- Lomagundi Clinic - Chinoyi Zimbabwe

These are a few examples but there are more Projects
BIBLICAL BASIS

• Religion that God our father accepts as pure and faultless is this: to look after orphans and widows in their distress. (James1:27)

• Then shall the King say unto them on his right hand, Come, ye blessed of my father…I was naked you clothed me; sick and you visited me, (Matthew 25:34)
PSYCHO - SOCIAL SUPPORT

ORPHANS

• Provision of School Fees
• Clothing, Food and Shelter
• Ongoing Counseling and spiritual support
• Camps, Picnics and Life Skills development programs
• Promoting foster care and adoption in favor of institutionalized care
PSS WHEEL MODEL

- PSS INDICATORS MODEL AND PSYCHOSOCIAL NEEDS OF ORPHANS AND WIDOWS

- Emotional needs
- Physical needs
- Social needs
- Mental needs
- Spiritual needs

FAMILY AND COMMUNITY

ORPHANS & WIDOWS

FAMILY AND COMMUNITY

REPSSI
REGIONAL PSYCHOSOCIAL SUPPORT INITIATIVE
IMPLICATIONS OF THE WHEEL MODEL

- Children have various needs which must be met equally
- These needs are all important for the development of a child
- Meeting these needs ensures fulfillment of the children’s rights
- It is the responsibility of parents, extended family, communities, Churches and governments to ensure the provision of these needs
- Children are not passive recipients of services, but can play an active role and take full responsibility for their lives
- Support and care services targeted at children need to be child centered and community focused

THIS MODEL IS CHILD CENTERED AND PROMOTES COMMUNITY PARTICIPATION AND INVOLVEMENT OF BENEFICIARIES
CARING FOR ORPHANS
CARING FOR ORPHANS

PRESBYTERIAN CHURCH OF ZAMBIA
CHELSTONE CONGREGATION

[Images of children, rustic dwellings, and church sign]
• The growing numbers of orphans and vulnerable children require that we respond not only through providing food, but also by taking them into our homes and families. The increasing numbers are due to poverty, unwanted teenage pregnancies, and death of parents or care givers as a result of HIV and AIDS. According to our national constitutions in South Africa, Zambia and Zimbabwe every child has a right to a family or appropriate alternative care. Children who are not in proper care are at the risk of being exploited, living in the streets, trafficking or living on their own in extreme poverty.

• National governments need the support of communities in ensuring that all orphans and vulnerable children get proper care. However, due to the growing numbers of these children, most governments do not have adequate resources to meet the challenge and the church should fill the gap by stepping in to provide care and support.
DEFINITION OF ADOPTION

Placement of a child in permanent care of a person who is not his/her biological parent or permanent guardian through a court order.

• The main purpose for adoption is to protect and nurture children by providing a safe and healthy environment with positive support; and to promote the goals of permanency planning by connecting children to safe and nurturing family relationships intended to last a lifetime.

• After adoption has been finalized, the biological parents’ rights and responsibilities towards the child are terminated and the adoptive parents assume those rights and responsibilities. This means that they provide for all the needs of a child under their care. The child takes the surname of the adoptive parents and is also

• entitled to inherit from them.
WHO MAY BE ADOPTED

Any child may be adopted, if it is in the best interest of that child and if the child is found adoptable according to the following:

- Being an orphan without parents or guardian or care giver
- Whereabouts of the child’s parents or guardian can not be known
- Abandoned or given up by a biological parent or guardian for adoption and consent has been signed in the Court of Law
- Child’s parent or guardian has abused or allowed the child to be abused or deliberately neglected the child.
- If the child is in need of a permanent home or placement
WHO MAY ADOPT

- A husband and wife can jointly adopt
- A married person whose spouse is the parent of a child
- A biological father of a child born out of wedlock
- A widow or widower or unmarried or divorced person
- The kinship care-giver or relative of a child
- Foster parent of a child
CONDITIONS FOR PROSPECTIVE ADOPTIVE PARENTS

• A fit person able to be entrusted with full parental responsibilities

• Able to undertake, exercise and maintain the rights & responsibilities

• Over the age of 18 yrs and assessed by an adoption social worker
Adoptive parents do not receive any financial support from the state except if they are unemployed. In cases where the adopted child has a disability the adoptive parent can apply for the Care Dependency Grant.

No person may give or receive, agree to give or receive any consideration, in cash or in kind for the adoption of the child, except for reasonable expenses incurred for professional services such as counseling and any other expenses in connection with the adoption of a child.
PROCESS OF ADOPTION

- In South Africa children are currently adopted in terms of the Child Care Act 74, 1983
- Adoptions are facilitated by social workers employed by the government or in accredited private practice and through NGO’s
- The social worker must investigate the circumstances and suitability of prospective adoptive parents. He/she should also establish the adoptability of a child before making a recommendation to the Commissioner of Child Welfare.
- If the parents are alive, they must sign consent in the children’s court before the Commissioner of Child Welfare and child must also sign consent if she/he is 10 years or old (60 max days to withdraw)
- Prospective adoptive parent/s together with the child and social worker must appear before the Court and the Commissioner for finalization of the process
STATISTICS FOR ADOPTION IN SA

The number of adopted children is very low compared to an estimated 1.2 Million orphans in South Africa.

- 2003/2004 = 2194
- 2004/2005 = 2226
- 2005/2006 = 2323
- 2006/2007 = 2315
- 2007/2008 = 1913
WIDOWS CONSULTATIONS

OBJECTIVES

• To allow for open dialogue among the widows
• Create a free space for sharing experiences
• To identify the needs of widows and widowers
• Explore intervention strategies for the provision of support
IDENTIFIED NEEDS FOR WIDOWS

- Continued counseling through grief
- Information on available services and grants
- Information related to will and property rights
- Income generating projects for sustainable livelihoods
- Addressing stigma, women abuse and domestic violence
- Training in Home Based Care, Counseling and entrepreneurial skills
WIDOWS CARING FOR ORPHANS

• Left- a widow caring for orphans with no source of income. UPCSA is exploring ways of providing support to the elderly who have an added responsibility of looking after children left behind by their sons and daughters.

• Right- some widows have come together to start small to medium scale enterprises. Capital to support such efforts is always a huge challenge. Above, a peanut butter making project in Chelstone UPCSA congregation Lusaka, Zambia.
Some widows are openly living with HIV/AIDS and have come together to form support groups. It is such groups that have mobilized to start income generating projects.
WIDOWS CONSULTATIONS
BEHAVIORAL CHANGE PROGRAM

OBJECTIVES

- To encourage abstinence and foster moral values among Youths
- To promote VCT, ART and HIV/AIDS prevention strategies
- To provide a platform for open debates on HIV among the youth
- To promote life skills development and positive peer education
- To share accurate facts about HIV/AIDS and address myths
- Encourage young people to devote time on educational and other community development initiatives
- Create a platform for the participation of youths in advocacy and policy development and implementation
YOUTH ADOPT HIV/AIDS PROGRAM
Conclusion

• These are the small efforts through which we attempt to respond to the challenge of HIV/AIDS, poverty and crime.

As a church, we are strategically placed to reach out to local communities; the UN Special Representative on HIV/AIDS in Africa rightly observed this when he said:

“Who else, beyond yourselves, is so well placed to lead? Who else has such a net work of voices at the grass-roots level...; has access to all communities once a week, across the continent; officiates at the millions of funerals of those who die of AIDS related illness, and better understands the consequences for children and families; Who else works on a daily basis with community based organizations? it is truly an act of divine intervention that you are physically present everywhere, all the time. (Ambassador Stephen Lewis, UN)

Indeed, as a Church we are well placed to work with all communities throughout South Africa and the rest of the world, in creating healthy and prosperous communities.
THE END

THANK YOU
Caring for children
Women’s groups